

**INSTRUCTIONS FOR COMPLETING THE AGREEMENT
FOR USE OF CENTERS FOR MEDICARE & MEDICAID SERVICES
BENEFICIARY ENCRYPTED FILES**

This agreement must be completed prior to the release of specific data files as described in the Files for Purchase Directory. The files requiring the completion of this agreement have a statement to that effect as part of the file description.

This agreement, if required for specified data files, should be completed and submitted with your order form and payment. Directions for the completion of the agreement follow:

- X Enter the specific names of the files being requested in the column headed Filename(s). The corresponding year(s) for those files should be entered on the appropriate line in the column headed Year(s).
- X The individual requesting the data should enter his/her name in the space provided for Requestor Name. The company or organization name, address, and phone number (including area code) should be entered on the appropriate lines.
- X The requestor should enter the purpose for which the data will be used on the lines provided.
- X Under item B, enter the date of completion of the project. This is the date by which the data will be either returned to CMS or destroyed.
- X The first line on the signature page should contain the typed or printed name and title of the requestor.
- X The second line should contain the signature of the requestor and the date the agreement was signed. This signature indicates that the requestor has read and agrees to the conditions outlined in the agreement.
- X The third line should contain the typed or printed name of the custodian of the files, if this is a different individual from the requestor. The custodian of the files is defined as that person who has actual possession of, and responsibility for, the data files. If the custodian of the files is the requestor, lines 3 and 4 should be left blank.
- X The fourth line should contain the signature of the custodian if the custodian is different from the requestor and the date the agreement was signed.
- X Lines 5 and 6 will be completed by CMS.
- X Please ensure that your order is the exact data file you need and in the correct format. Each data file is individually generated to the specifications stipulated in the Files for Purchase Directory. To process each order, the Centers for Medicare & Medicaid Services (CMS) incurs processing costs associated with staff time, computer time, magnetic media and shipping. If you order the incorrect data file or the incorrect format, your money is non-refundable. Please allow 4 to 6 weeks for processing.